

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>30</u>
District of _____		ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>596</u>
Town of _____			Local Registrar No. _____
or _____			
City of <u>Globe</u>		No. _____	St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Lucy Sanchez</u>		(If child is not yet named, make supplemental report, as directed)	
3. Sex of child <u>7.</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No., in order of birth _____
		6. Legitimate? <u>yes.</u>	7. Date of birth <u>12-6-22</u> (Month, day, year)
8. FATHER Full name <u>Barney Sanchez</u>		14. MOTHER Full maiden name <u>Guadalupe Amador</u>	
9. Residence (Usual place of abode) <u>Globe, Arizona</u> If nonresident, give place and State		15. Residence (Usual place of abode) <u>Globe, Ariz.</u> If nonresident, give place and State	
10. Color or race <u>Mex</u>	11. Age at last birthday <u>26</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday <u>21</u> (Years)
12. Birthplace (city or place) <u>Mexico</u> (State or country)		18. Birthplace (city or place) <u>Mexico</u> (State or country)	
13. Occupation <u>Miner</u> Nature of Industry		19. Occupation <u>Housewife</u> Nature of Industry	
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)			
(a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>6:30 P.m.</u> on the date above stated. (Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>C. W. Adams</u> (Physician or midwife)	
		Address <u>Globe, Arizona</u>	
Given name added from a supplemental report _____ (Month, day, year)		Filed <u>12-10</u> , 19 <u>22</u>	Local Registrar. <u>B. J. Gray</u>
		Filed <u>1-8</u> , 19 <u>23</u>	County Registrar. <u>B. J. Gray</u>
Registrar. <u>322-1206-719</u>			